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PTO/SB/50 (4/98)

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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b> <b>Assistant Commissioner for Patents</b> <b>Box Patent Application</b> <b>Washington, DC 20231</b>	<i>Attorney Docket No.</i>	7413-1004
	<i>First Named Inventor</i>	Richard P. Welle
	<i>Original Patent Number</i>	5,760,394
	<i>Original Patent Issue Date</i> (Month/Day/Year)	06/02/98
	<i>Express Mail Label No.</i>	EL 380511715 US
<b>APPLICATION FOR REISSUE OF:</b> <i>(check applicable box)</i> <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent		
<b>APPLICATION ELEMENTS</b>		<b>ACCOMPANYING APPLICATION PARTS</b>
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate) 3. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i> 5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) <i>(PTO/SB/53 or PTO/SB/54)</i> <i>or</i> <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55) 6. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i> 8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i> 10. <input type="checkbox"/> Small Entity Statement(s) <input checked="" type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) <input checked="" type="checkbox"/> Status still proper and desired 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 13. <input type="checkbox"/> Other:
<i>(If Yes, check applicable box(es))</i> <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney		
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>NOTE FOR ITEMS 1 &amp; 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</b> </div>		

## 14. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	<i>(Insert Customer No. or Attach bar code label here)</i>		<i>or</i>	<input checked="" type="checkbox"/> Correspondence address below
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Signature	<i>Jon E. Hokanson</i>		Date

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

7413-1004

## Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
A) 24 G) 6	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 39 (D) 14	****	15 = x \$ 9 = 135	or x \$ = x \$ =	\$ 345	\$
			*	8 = x \$ 39 = 312			
				Basic Fee (37 CFR 1.16(h))	\$ 345		
				Total Filing Fee	\$ 792	OR	\$

## Claims as Amended - Part 2

(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ =	or x \$ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ =	x \$ =	
				Total Additional Fee	\$	OR	\$

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
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The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-2500.  
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A check in the amount of \$ 792.00 to cover the filing / additional fee is enclosed.

May 24, 2000

Date



Signature of Applicant, Attorney or Agent of Record

JON E. HOKANSON

Typed or printed name